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FALL 1998

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The Hampden Hippocrat · 1942

Hampden Hippocrat

Fall 1998

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The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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Hampden District Medical Society
NEWSFLASH
AUGUST/SEPTEMBER 1998

ATTENTION!!!

Plan ahead to attend

SPECIAL FALL DISTRICT MEETING

September 15, 1998

Join Colleagues and spouses for an evening of Revitalization

Update on Massachusetts Medical Society Activities
Presented by: **Marylou Buyse, M.D. MMS President**

Update Scheduled Immunizations
Distributed by: Special Guest Physician
Attendees will receive their *Immune Boost Laughter Vaccine*
from:

Dr. Steve Allen, Jr.
(*YES!* He inherited the funny gene from his famous comedian dad)

PLACE: The Log Cabin Banquet and Meeting House
500 Easthampton Road Holyoke, MA

TIME: Activities Begin at 6:00 pm

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❒ Chicken Saltimbocca ❒ Broiled Swordfish ❒ Roast Tenderloin of Beef

Cost: $25 spouses and guests of HDMS members / to help defray the cost of this event HDMS will graciously and gratefully accept voluntary payments from Hampden district members for their own dinners. $35 other MMS members / their spouses or guests.

* anyone who does not cancel their reservation in advance will be billed the cost of one dinner plus a $5 service charge to cover the Society's collection expenses.

** Refund will only be made for cancellation of Prepaid dinner reservations received by NOON of the day of the meeting day at the HDMS office.

District Meeting Special Guest Speaker

Dr. Steve Allen, Jr. delights thousands of business, industry and health care people each year with his lighthearted and energizing look at ***Coping in a Changing World***. *Steve focuses on* ***Humor*** and ***Playfulness*** as our most important tools for ***Survival***, at work and at home.

Now cleverly disguised as **Coordinator, Introduction to Clinical Medicine Course, at the College of Medicine of the State University of New York - Health Science Center in Syracuse, New York**, Steve juggles his role as a medical school instructor and administrator with his role as a much sought after public speaker. Steve has also volunteered at the Zuni Indian Reservation in New Mexico as a family doctor and laughter consultant (at Zuni clowns are considered healers too).

His ability to laugh at himself, combined with his expertise as a Board Certified Family Physician makes Steve a busy conference and dinner speaker. His fresh, meaningful and above all enjoyable look at life, health and happiness brings smiles and laughter to such varied audiences as managers, health care professionals, CEO's, secretaries, factory, financial, and sales folks, even Nobel Prize winners. He's great for the general public as well. And yes, there is the echo of his comedy heritage in the characteristic Steve Allen laugh (accurately described as a cackle in his Dad's press releases). ■

From The Editor

We have an exciting issue this Fall. September is traditionally Women In Medicine Month and we highlight several women physicians with articles and pictures. Our thanks to everyone who contributed to this issue.

Look for the story of the children of Springfield's Lincoln School working with physicians and staff at Baystate Medical Center to learn about a future in medicine. Our Girl Scout Program is highlighted with pictures which we hope will bring the program "to life" for you.

Look for a very different Fall District Meeting with Steve Allen, Jr., M.D. - a full time professor who is also following in his famous father's footsteps - don't miss the opportunity to hear Steve and "reduce your stress"!!! Join us at the Log Cabin on September 15th and be there at 6 p.m.

Your magazine needs your help. We need ads to help us cover the cost of publishing. If you know on area business that can help us, call the society's office at 736-0661. If you like to write consider sending us an article, the magazine is only as good as you make it. We hope you enjoy this issue - let us hear from you.

Francis Horrigan, M.D.
Editor, Fall Issue
The Hampden Hippocrat

"Visionary Choices"

To build onto the past a bridge to the future requires perceptive choices in the present. This assumes a fundamental philosophy that our world is part of a much larger universe and our reality is but a segment along the continuum of time. Although as individuals we may feel quite insignificant in relationship to this concept, as a society, numbers embody significance and power. Power which can effect change including the illusion of direction along times' continuum.

Claudia L. Koppelman, M.D., President

Photo by Holowitz Photography

The ethical values of those in power influence that direction, and depending upon under-lying motives create an environment which may or may not benefit future generations.

As physicians we become licensed for the privilege of "touching" another human being. This implies that society has entrusted to us their most valuable possession, life.

The Hippocratic Oath and the Medical Code of Ethics guide us to preserve and respect the dignity and vulnerability of our patients and to practice the Art of Medicine to the best of our abilities. The responsibilities this encompasses leaves little time for physicians to monitor the business side of practicing medicine. Increased paperwork, data collection, and overall intrusion into the practice of medicine by third parties further increases the burden of responsibilities being shifted into our practices, keeping us occupied just trying to catch up.

It is not by accident that the changes experienced over the past 10 years have occurred. By purposeful design the anti-trust laws created an inequity which suppressed the physician community and allowed those who feared our potential power to have the upper hand, as well as the jugular. They erroneously applied ethics of the business world to the practice of medicine thereby laying the groundwork to their advantage. With the blessing of the government, healthcare dollars are selfishly being taken away from the American people, quite legally in the form of profits.

Medicine has been reduced to red and black numbers on a computer printout. Patients are called members and physicians are now providers, easily being replaced by alternative providers as the general population is being fed the glitz of a marketing genius.

Pressure from potential deselection or exclusion from Insurers panels of "providers" threaten physician's livelihoods and serves to keep colleagues divided. As support services continue to be reduced we work harder longer hours to preserve the quality of care our patients receive, while cost savings merely shift into the dividend column on Wall Street, all the while losing sight of the cyanosis developing in the medical community as corporate greed bleeds those attending to patients and impose rules that suffocate our medical ethics.

Our seasoned experienced physicians are retiring prematurely as the pressures of practicing medicine rise and the 'Art of Practicing Medicine' is becoming transformed into the 'Art of Surviving in Medicine'. Their wisdom and expertise lost, forever replaced by cost efficacious equivalency speculations.

In applying general business theories to the delivery of healthcare two of the most important components of healthcare have been eliminated, humanity and compassion. These factors are variable and unpredictable therefore unaccountable. They represent

the element of human spirit that cannot be 'managed' by mathematical formulas. Will this fact ultimately cause the demise of the mega merger industry? Has our Society become so incredibly selfish and short-sighted? Has the health and well-being of the American people been betrayed, reduced simply to a commodity traded to the highest bidder? Are those who make the rules simply puppets to those who write large checks? When will the conscience of America be awakened?

Hopefully, the physician community will unite before corporate America rakes out the last profit dollar leaving a ravaged skeleton of what was once the best healthcare in the world, rendered by inexperienced technicians, burnt out robot providers, and a few dedicated renegade physicians to pick up the pieces.

Power is in numbers.

Organized medicine needs all physicians to stand together for the benefit of our patients and our profession. The interspecialty controversy which in the past served to divide physicians should be tabled as a nonissue. All physicians apply both cerebral and technical skills in varying degrees to practice medicine.

Before we hear ourselves saying 'these were the good old days', reflect upon why you became a doctor. Instead of trying to figure out how to escape the oppressive practice environment think how we as a profession and as individual physicians can effect positive change. To pass blame for the circumstances that have evolved is only an excuse shrouded in passive procrastination.

Advocating on behalf of patients and physicians through legislative initiatives, community social action projects, and educational programs the physician community is playing a prominent role in the health and welfare of America.

One vision can invoke a unified voice for all physicians regardless of specialty or employment status. The lessons from the past should serve as reminders for the future that weak unsupported houses cannot survive the power of strong forces.

From a mountain top one has the advantage of seeing the world from a very different perspective than those who remain in the midst of the forest and accept the view blocked by trees. To rise above the tree line offers the freedom of a panoramic choice.

As we approach the millennium our vision must expand past the horizon to encompass not only this country but the world and beyond. To be concerned only in our own backyards limits not only our view but our potential for growth and sharing of knowledge.

Over the next two years as President of Hampden District Medical Society I look forward to working with you to strengthen the House of Medicine in order to preserve our visionary choices. ■

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Standing Up For Docs

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On the threshold of her AMA presidency, Nancy Dickey, MD, down plays her "first-ever" role

Mike Mitka, AMNews Staff

College Station, Texas Ask Nancy W. Dickey, MD, about the heroic times when she's saved lives as a physician, and she'll cut you off, saying she doesn't want to talk about that.

She'll tell you that the true excitement of medicine, perhaps paradoxically, lies in its more mundane aspects - in treating patients and getting to know them and their families on a daily basis.

Ask the 47-year old family physician what it's like to be the first woman president of the AMA, and she'll down play that too, citing another less headline-grabbing but ultimately more important aspect of her ascent.

> **"I never was one to understand that there are only 24 hours in one day."**
>
> **Nancy W. Dickey, MD**

"It's kind of nice to be celebrated as the first, but what I really want to do is make sure we've opened the right doors and left them open for other women to follow," said Dr. Dickey, who will be installed at the upcoming AMA Annual Meeting. "If there isn't a continued rise in the number of women physician voices in organized medicine, then we will not have accomplished very much."

Numbers chart the future

AND DR. DICKEY, WHO BECOMES ONE OF THE few presidents who never served as a member of the House of Delegates, isn't saying AMA leadership necessarily needs a "woman's touch." It's purely a matter of numbers.

"By 2020, somewhere between 30% and 50% of the doctors will be women," she explained. "It doesn't have anything to do with whether we have something different to say at the table. We're every bit as individualistic as men. So my perspective, my viewpoint, my goals may be as different from any other woman's as they are from any man's."

"But it's the fact that 50% of the intellect, 50% of the imagination, 50% of the commitment in medical schools today are in the female gender. We cannot afford, as a profession, to say, 'Well, we'd like a dabbling of that around the table.' We need to have every one of those physicians - whether they're male or female, or for that matter, black, white, Hispanic or Asian, or whether they graduated from a U.S. medical school or an international medical school, whether they're 25 or 95 years old - we need to have them committed to solving problems and creating the systems that allow us to use all the tools of medicine."

Physicians need those tools now more than ever, said Dr. Dickey, who will emphasize three themes during her tenure: a recommitment to professionalism, insuring the uninsured and improving the health care delivery system.

Standing for professionalism

THE ATTACKS ON PHYSICIANS BY regulatory agencies show a need for professionalism, she said.

"Doctors generally are doing everything they can to take care of patients in an extraordinarily rapid-changing environment," she said. "Rapid

change is difficult for anybody. Rapid change for people already running at a fairly good pace is even more difficult. And every time you turn around and have everybody from the district attorney to the inspector general calling you a criminal, it gets extraordinarily disheartening.

"We are a respectable profession that has always set incredibly high standards for itself. And right now we're feeling very much like there's a full circle of people with baseball bats taking swings at us."

By recommitting to professionalism - being the patient's advocate and marrying the science to the art of medicine - society and government will know physicians are doing their jobs, Dr. Dickey said.

Physicians are being pressured from an economic perspective. How do we teach people to advocate for patients even if it puts them at odds with the payer, the insurance company or their employer? It's tough, but we have to do it," she said. "We have to prove to the government...that the vast majority of us remain committed to those principles - that we want to do the things we need to do that will help us take care of our patients."

And she emphasized that effort includes working in good faith with the federal Health Care Financing Administration, the agency that oversees the Medicare program, investigates billing discrepancies and determines to a great extent how much paperwork physicians must endure.

"But we will not tolerate having Congress, HCFA, the public or our patients think that, in general, we're a bunch of crooks. We're not."

Nancy W. Dickey, M.D.

- **Specialty**
  Family Medicine
- **Home**
  College Station, Texas
- **Professional Position**
  Program director, Brazos Valley Family Practice Program, Texas A&M University
- **Medical Education**
  University of Texas Medical School at Houston
- **Family**
  Husband, Franklin; three children
- **Past AMA positions**
  Board of Trustees
  • President-elect
  • Chair
  • Vice Chair
  • Secretary-Treasurer
  • Member, Executive Committee
- **Other positions**
  • AMA Commission on Accreditation of Healthcare Organizations
  • Chair, Council on Ethical and Judicial Affairs

Health insurance for all

AS FOR THE UNINSURED, DR. DICKEY said physicians must take the lead in creating ways to provide care for the 15% of Americans without health coverage.

"We ought to take the same energy and imagination that has created organ transplantation and the human genome and say, 'How do we make it doable to make sure every American has access to health care and a way to pay for it?' The American physician has a professional obligation to step up to the plate and demand that we be part of the solution and that others belly up to the bar and help us create that solution."

There's another "window of opportunity" to reform the health care delivery system, Dr. Dickey said, following the failure of President Clinton's controversial reform effort. The window cracked open a bit in the last couple of years, when patients began asking for laws to protect them from some of the dictums of managed care. And it could open even more.

"The people who created the huge rush to managed care were basically CEO's, employers and payers who said, 'Cost, cost, cost,' "Dr. Dickey said. "And now the cost is starting to go back up, so if they become unhappy, maybe they can shove this window of opportunity wide open.

"we need to have a pluralistic system that says to Americans, 'Pick the insurance that works best for you.' And within those choices, one of the things they want is the right to pick their doctor."

It may seem that Dr. Dickey has set a presidential agenda that demands too much time and effort, but that's the way she likes it.

"I never was one to understand that there are only 24 hours in a day," she said.

Her frustration with time-imposed limits began early.

Ignoring barriers

DR. DICKEY WAS BORN IN SOUTH Dakota and grew up on her family's farm. When Dr. Dickey was 9, after several years of bad weather and crop failures, her parents decided to try the

Continued on page 9

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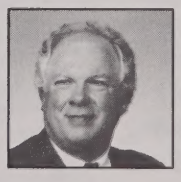

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Organized Medicine

Continued from page 7

aerospace industry and moved the family to Sacramento, California. After five years there, they moved to Katy, Texas, a town just west of Houston.

"In high school I truly did everything but play football, and that's because in the 1960s girls didn't do football and the FFA (Future Farmers of America),' she said. "But I did everything else, from Future Homemakers of America to debating and playing basketball and volleyball.

"I also played in the band. I had an overbite, and they said I could only play the flute or drums, and I looked at myself and said, 'You don't look like a flute player.' But I enjoyed the drums."

In her senior year, Dr. Dickey won a debate tournament held at Stephen F. Austin State University. The school offered a scholarship to the winner, so she wound up getting her undergraduate degrees in psychology and sociology there.

"I thought I wanted to be a doctor, but the high school counselor said, 'You can be a doctor. {But} you can't be a doctor and a wife and a mother. You have to make a choice,'" she said. "Well, I didn't want to give up being a mother, so I was a psychology major until I met my husband, {Franklin, who is a high school teacher and coach}, who said, "That's foolish. If you want to be a doctor, apply to medical school.'"

She received her medical training at the University of Texas Medical School at Houston.

In a class of 50, Dr. Dickey was one of only seven women. She said being in such a minority was probably more of an advantage than a disadvantage, despite an old-boys attitude in some of the classes.

"I do remember a dermatology lecture that seemed to present a {men's magazine} centerfold every third or fourth slide," she said. "Four or five of us got up and walked out of the class, saying that was just inappropriate. This was as close to a protest as we probably ever got, and there were substantial changes in that department."

A 'do-it-all' specialty

IF THERE WAS DISCRIMINATION, Dr. Dickey said, it was between the specialties and not the sexes.

"There was a huge bias against primary care and family practice in particular," she recalled. "It was a real uphill battle to choose to be a family physician, and in fact, the surgery department said to me, 'You're too smart to just be a family physician.' Whoa, how do we recruit bright young people into family medicine if this is what we're teaching them in medical school?"

Dr. Dickey chose family practice for several reasons.

"We knew we weren't big-city people, and family medicine is very consistent with living in a small town. I also wanted to do it all. Family medicine allows me to do obstetrics; to take care of children; to take care of everybody from that newborn to the newborn's great grandparents; to take care of sick people in the hospital, but to also help in prevention and wellness in the community."

Dr. Dickey went into private practice outside Houston in the community formed by the towns of Richmond and Rosenberg. But as their three children, Danielle, Wilson and Elizabeth, approached adolescence, she looked for a position that provided more time flexibility.

She found such freedom in the position of medical director at a clinic for low-income patients in Richmond-Rosenberg.

The encroachment of Houston into her community prompted Dr. Dickey to change jobs again. She moved to College Station and became the program director the the Brazos Valley Family Practice Program associated with Texas A&M University.

And, as it's been throughout her professional life, working with residents keeps Dr. Dickey busy and rewarded.

"Things look different when you try to teach someone else how to do it, and it's invigorating to share your passion for something," she said.

"It certainly demands you stay up to date with what's happening in medicine, because students and residents will catch you if you get behind. So again, a part of staying alive and vigorous is making sure you don't dig your ruts too deep." ■

Girl Scouts of Today - Physicians of Tomorrow

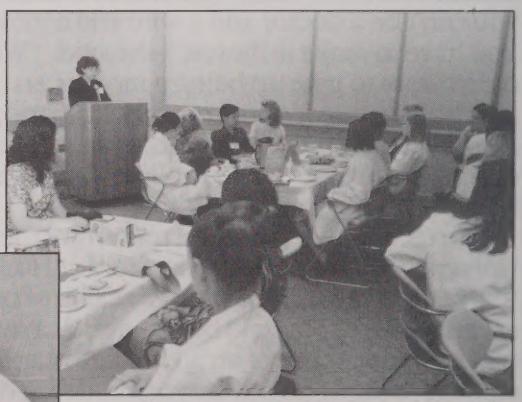
Our fourth annual Girl Scout Program was held on June 25th at the Deliso Center of Mercy Hospital. The program was the cooperative of the Pioneer Valley Girl Scout Council, Massachusetts Medical Society and Hampden District Medical Society.

Dr. Alicia Ross, Program Chair, welcomed fourteen high school age Girl Scouts from across Hampden County and their parents. The girls had breakfast with their physician mentors, had their pictures taken in their white lab coats and left to spend the day in the practice of medicine.

This year medical specialties represented included anesthesiology, internal medicine, obstetrics and gynecology, oncology and pediatrics.

At 5 p.m., the physicians brought the girls back to the Deliso Center for a brief reception. The girls had supper and described how they had spent their day . Doctors left with warm thanks, new friends, and boxes of Girl Scout Cookies. The Girl Scouts left with the knowledge of how a busy woman physician spends her day and hopefully the inspiration to become a "physician of tomorrow". ■

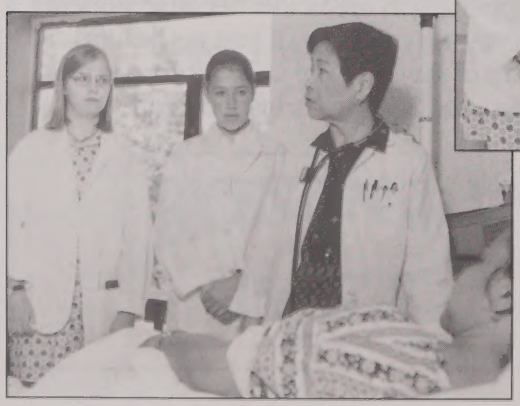
▲ **Above:** Dr. Alicia Ross, Program Chair, outlines the day to come.



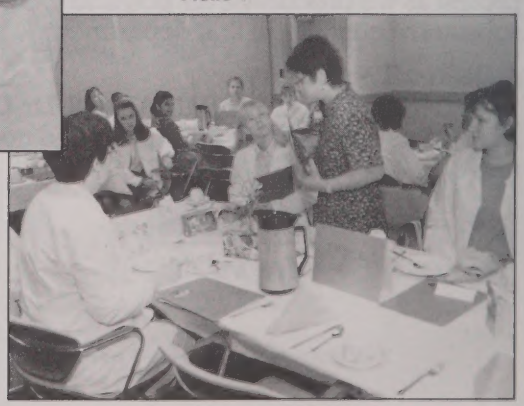
▲ **Above:** Judi Bullock of the Girl Scouts welcomes the girls.

◀ **Left:** Dr. Carolyn Tolley working with Jacqueline LeGrand.

▼ **Below:** On Rounds with Dr. Ross



▼ **Below:** Dr. Jean Talati says "Hello".



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Executive Director,
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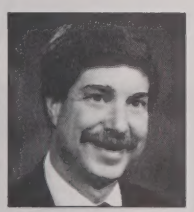
- malpractice claims due to inadequate informed consent?
- reducing estate taxes, and protecting assets from creditors' claims?
- providing for the orderly disposition of your practice in the event of death or disability?



Attorney
Arthur W. Price

Arthur W. Price and Michele J. Feinstein, partners in Cohen, Rosenthal have more than twenty-five years of combined experience in representing area physicians in their practices and individually. They counsel solo and group practices in their day to day business as well as in their planning for growth or extraordinary concerns. They also advise physicians on personal and family problems.

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Attorney
Michele J. Feinstein

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One Monarch Place, Suite 1300, Springfield, MA 01144-1001
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Discovery Partners

by Marylou Pieczarka
Medical Education Specialist
Lincoln Magnet School
787-7314

Lincoln Magnet School began a Discovery Partnership with Baystate Medical Center in 1996. Our school has 450 students and eighteen classes Kindergarten through Grade 5. Each of the eighteen classes is partnered to a different department at the hospital.

The focus of this partnership is trifold:

- To make students aware of different employment opportunities;
- To encourage the students to stay in school and continue their education;
- To build and maintain healthy lifestyles.

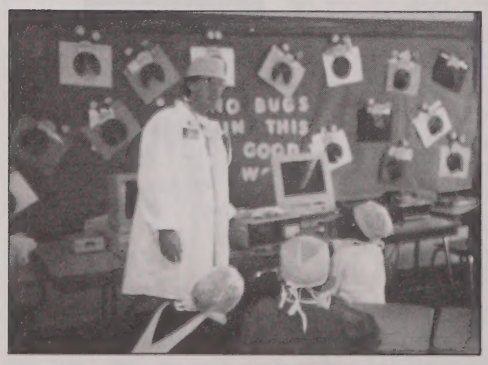
The departments that classes are partnered with are: Plant Management, Rehabilitation, Pediatrics, Medical Records, Emergency, Surgery, Speech and Language, Blood Donor, Respiratory Nursing, Food and Nutrition, Mail Room, Pharmacy, Organ and Tissue, Anesthesiology, Admissions, Radiology, and Infection Control.

To begin each department, the teacher and hospital employees meet and the developmental abilities of the students is discussed. Teachers then teach curriculum relevant to the specific department. For example: Rehabilitation department in Kindergarten: Lessons on Different Abilities are taught: Students were exposed to lessons on braille, sign language, etc. The representative from the hospital department then comes over to teach what happens in their specific department at the hospital. ie. in Kindergarten, how the patients are helped in Rehabilitation. Wheelchairs, Voice Synthesizer, and Crutches are brought into the classroom. These visits to the classroom may only be one or up to four or five, depending on the age and appropriateness of the students. Students then visit the hospital with the task to find out how the department helps the patient. In some departments the students visit the actual departments. Where this is not possible, such as anesthesiology, students go to a mock OR where they assume the role of doctors and nurses as they prepare to operate on a piece of steak.

Finally, in most cases, students perform some type of community service. In this particular classroom the students hopped for Easter Seals. Students in the Plant Management plant a *Kindergarden*. Students in Food Services prepare at the hospital and serve at the Loaves and Fishes a lunch. Students in Anesthesiology learn CPR. Students in Infection Control make hand washing signs and put them in all of the bathrooms and make a television program with poems, songs and steps to hand washing, to show the importance of hand washing in preventing infections.

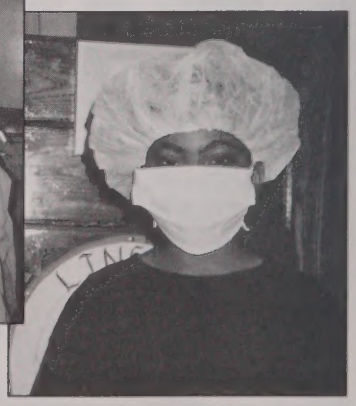
Our school is the first elementary school to have such a program and people from Johns Hopkins and Dr. Howard Elementary School have come to observe so that they can bring back to their programs some of our experiences.

We hope that the outcome of this program will be not only more knowledgeable students in the Basic Skills but children and adults who are maintaining healthier lifestyles. ■



▲ **Above:** Dr. Brain M. Kiessling meets with the class.

▲ **Above:** Students learning the vital signs



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Springfield Health and Human Services

Springfield Mobile Outreach Team

Submitted by *Helen R. Caulton, Director*
Bettye Anderson Frederic

The Mobile Outreach Team - a recent addition to Springfield's harm reduction strategies - aims to provide prevention and education services on the transmission and spread of HIV/STD/TB to substance abusing individuals and their sex partners, crack users, and special groups, including street workers. It is a project of the City of Springfield, Department of Health and Human Services. The goals are: (1) prevent the transmission of HIV among injecting drug users, their sexual partners and their children; (2) increase awareness of risk behaviors among IVDU's; (3) provide access to medical, psychological counseling, and drug abuse treatment programs and (4) development of a seamless city-wide prevention team targeting IVDU's.

"Springfield's AIDS case rate is the second highest in the state and growing."

The program was funded in October 1997, through the efforts of State Representative Dennis Murphy, by the Massachusetts Department of Public Health to target Intravenous Drug Users (IVDU's) and other individuals at risk for spreading HIV, STD's or TB. The Mobile Outreach Team goes into all neighborhoods of Springfield. They particularly target "hot spots" that are documented to have high incidence of drug use, and where high incidence of AIDS case rates are recorded.

The AIDS epidemic in Springfield is growing at an alarming rate! The city's cumulative AIDS case rate is 431.1 per 100,000, a rate more than double that of the Massachusetts rate of 184.0 per 100,000. Springfield's AIDS case rate is the second highest in the state and growing. Our 258 reported cases as of January 1, 1992 has risen to 767 as of December 31, 1997.

Injection drug use comprises 56% or 425 individuals of the cumulative total AIDS case rate in Springfield, which is 21% higher than that of the entire state. People of color are disproportionately represented among those diagnosed, with injection drug use as a primary risk. Additionally, twenty seven percent of Springfield's residents who have been diagnosed with AIDS as of the end of 1997 have been women. By comparison, in the entire State of Massachusetts, nineteen percent of persons with AIDS have been women.

Most HIV prevention efforts for intravenous drug users have focused primarily on lowering risk of HIV transmission by changing drug injection practices. However, more attention needs to be paid to lowering the sexual risk of HIV transmission among IVDU's. IVDU's engage not only in unsafe risk injection behaviors but also in unsafe sexual practices. Condoms have been found to be used with more consistency by IVDU's in "casual" sexual relations than in primary relationships (Friedman, et al. 1994). The result being an increase in the rates among heterosexual women who are knowing or unknowing partners of IVDU's.

Crack use is associated with high-risk sexual activities as a result of the exchange of sex for crack, or money to buy crack. When a crack user is dependent on sex exchange to purchase or use crack, the level of risk for HIV infection increases significantly. Female crack users were 28 times more likely to have engaged in recent, unprotected sex than were non-users (Eldin et al. 1994). Street sex workers are likely to be dependent on drugs and alcohol and, therefore, more vulnerable to HIV/STD/TB infection. Many homeless and poor. Regardless of where encountered, the female drug user whether in an injection or non-

injection relationship experience a power imbalance with men which may make it difficult for women to change their sexual behaviors. Females who smoke crack and barter sex generally have degrading sexual experiences in which they are the subordinate to their partner and subject to abuse.

Overall, homeless adults have higher rates of HIV seroprevalance than do the general population. One survey of homeless adults found that over two-thirds were at risk for sex with multiple partners, injection drug use, sex with an IVDU partner, or exchanges of unprotected sex for money or drugs (Lawrence et al. 1995).

"The guiding principal of this outreach program is the theory of harm reduction."

Drug offenses account for the single largest number of crimes for which people are incarcerated. High rates of HIV infection occur in this population. African American and Hispanic inmates having the highest rates of infection (Polonsky, 1994).

The guiding principle in this outreach program is the theory of harm reduction. While abstinence is a goal in harm reduction, the overall focus is to support individuals in taking steps to improve their health in whatever way they feel is appropriate. For some that means substance abuse treatment and abstinence, for other it may be learning ways to avoid health complications related to injection drug use and equipment. By providing support and services to drug users who are ready for abstinence, and those who are not, an opportunity emerges to improve the overall health of this target population. Harm Reduction does not condone drug using behavior, users are encouraged to become active in taking steps to improve the health and lifestyles of themselves, their loved ones and their communities. A harm reduction approach can support individuals at any stage and provides a non-judgmental frame as individuals relapse and recycle throughout the stages of recovery.

Those who are at high risk of contracting or spreading HIV/STD/TB, find gaining access to services difficult for several reasons. Historically financial and social barriers have restricted access to health care and other services to poor people, ethnic and racial minorities. There are also other barriers, including cultural and language barriers, sexism, racism, homophobia, illiteracy, lack of education and the unavailability of services after 5 p.m.

The Springfield Mobile Outreach Team can and have gained access to the target population. The team members reflect the demographic characteristics of those at risk and the underserved. The team is comprised of staff from three community based organizations, New North Citizens' Council, Gandara Mental Health Center and Northern Educational Services, the Hampden County Jail and the AIDS Foundation of Western Massachusetts who have received subcontracts to undertake city directed outreach services. These agencies have a long and credible history of service provision, including reaching those who are at risk of HIV/STD/TB. Five outreach staff were formed to be mobile, a sixth is housed at the Hampden County Correctional Facility. Many traditional agencies have little capacity to undertake outreach to "difficult" populations, including active drug users.

Since October 1, 1997, Springfield's Mobile Outreach Team has selected and distributed materials, verbal and written information, condoms and bleach kits to those individuals who are at highest risk for contracting HIV/AIDS. Additionally, in a variety of settings, the Team has provided reliable, credible information. Many of the targeted individuals do not have or understand information about the spread of HIV/STD/TB. The Mobile Team encourages at-risk individuals to be tested, to use products distributed, to seek medical care and to use treatment. The Team works during non-traditional hours, evenings and weekends in order to reach their population.

Having reached over 1,600 contacts during the first six months of their work the Team has been successful in employing a harm reduction strategy not dependent on needle exchange. The Hampden County House of Corrections numbers are not counted in these statistics. As a result of data which supports targeted outreach, the Mobile effort will seek fixed sites in those neighborhoods where the incident of infection has been reported at epidemic proportion. Work to be done include evaluation of this prevention effort and others that have been shown to be effective in changing behaviors. ■

Maturity Brings A Careful Approach To Planning

Second in a series of articles from PIAM Financial Services

Six Key Strategies For Planning In Your Later Years

A little financial foresight will take you comfortably into the future

From the time you finish your own formal education to the time your last child packs his/her trunk for college, life can be somewhat hectic and fast-paced. No wonder so many of us look forward to the years when the kids are gone, the house is paid for, and we can finally find the time to do the things we've been "planning to do" all those years.

As you shift gears into a new, active, independent way of life, it's also a good time to take stock of your finances. When you do, here's a quick checklist of things to consider.

1. Invest with growth in mind

Though you may have more discretionary money than you did years ago, don't forget that there's a lot of life ahead. That means you may want to think about putting a portion of your retirement money in growth-oriented investments such as stocks or stock mutual funds that can help you stay ahead of inflation throughout retirement.

As a rule, many investment professionals tell people that their decisions about where to invest retirement money depends a lot on their age. For instance, subtract your age from 100, and that's the percentage you should have in stocks -- considered a higher risk, but with the potential for higher payoffs. A 25-year old, may decide to keep 75% of his/her 401(K) allocation in equities, according to the formula. A 60-year old might want to have 40% in equities (Source: Gannett News Services, October 28, 1997). Their reasoning: even though stocks are riskier in the short term and more subject to market fluctuations, they have generally outperformed all other types of investments in the long term. Please be aware that past performance does not guarantee future results. So if you won't be using the money for seven years or more, you may want to go for growth.

2. Diversity to moderate risk

While the current rule of thumb for a comfortable retirement is to plan for 70% - 80% of your pre-retirement income (including Social Security, pensions, and your individual retirement savings), don't forget that your upcoming plans to travel, start a business, or pursue a special interest or hobby may actually require more than that. So if you've been too conservative by investing in low-interest CDs and fixed income bonds, you may also want to think about moving some of that money to a tax-deferred variable annuity or a "growth and income" mutual fund that could give you a higher return with moderate risk. For more information regarding variable annuities or a particular mutual fund, including a current prospectus which explains charges and expenses, please contact your registered representative.

Whatever choices you make, it may be beneficial to keep your investments diversified among all three investment categories: stocks, bonds, and money market instruments (or cash equivalents). Diversification helps moderate the risk in your total investment portfolio, although diversification cannot eliminate the risk of investment losses.

3. Maximize your pension plan assets

If you leave or change jobs before retirement,

you may want to "roll over" your pension assets properly. Otherwise, you stand to lose much of your retirement nest egg: the full amount will be subject to ordinary income tax and it will generally be subject to a 10% penalty if you choose to take it before age 59 1/2. When the time comes, be sure your employer provides you with information on how to initiate a "direct" rollover to an Individual Retirement Account (IRA) to avoid a 20% withholding against possible taxes due. Or, check with the investment company where you already have a retirement account. Though you only have 60 days to roll over your money, you should fully understand your options before you make a final decision.

Knowing your options becomes even more important when you reach retirement. When you do, your employer will ask you to decide how you wish to receive your pension plan proceeds. And once you do so, you're locked in. Most pension plans won't allow you to change your mind.

If you choose a "joint and survivor" annuity benefit for retirement, for instance, your spouse can still receive income after your death, but your regular income payments are reduced to compensate. On the other hand, if you choose a larger payout that doesn't include the survivor benefit, your income stops at your death. For many retirees, neither option is satisfactory.

That's why you may want to think about adding an insurance policy to your financial program. To maximize your pension income, you can elect to receive the highest possible pension payout during your lifetime while the additional insurance policy assures the continuation of income to your spouse after your death. Check with your insurance agent or financial professional for more details

4. Insure your independence

Long-term care coverage and some form of disability insurance can help you maintain your independence, as you grow older. A year in a nursing home could easily wipe out $30,000 to $50,000 or more of your savings! (Source: US Census Bureau). If you're already adequately covered by life insurance, now is the time to look at adding a long-term care (LTC) rider for protection against uncertain future medical costs. The rider gives you access to your insurance policy death benefits in the case of terminal illness.

Continued on next page

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Financial News

Continued from previous page

5. Draw up the "basic four" documents

Now is also the time to be sure you have the essential documents in place. These include:

A will to provide legal instructions for the distribution of your assets.

A list of essential financial information, such as where you have your bank, investment, and insurance accounts and how to locate your professional advisors.

A living will that designates someone to make decisions on your behalf regarding life sustaining procedures.

A power of attorney that authorizes someone to manage your finances for you, usually in case you should become sick or disabled.

6. Finally, consider a plan for your estate

While is would be nice to pass something along to the next generation, don't feel guilty if you can't. Concentrate more on making sure that you'll have what you need now -- and in the future -- to live a long, active, and comfortable life.

If your estate will be larger than the $625,000 exempt from federal estate taxes ($625,000 in 1998, increasing to $1,000,000 by the year 2006) focus your estate planning activities on strategies that can help reduce the burden of a hefty estate tax bill and thus maximize the amount your heirs will receive. Consider setting up a life insurance policy in an irrevocable trust. Because the proceeds from such a policy can provide liquidity to pay state and federal estate taxes, your heirs won't need to borrow money or sell investments to pay the estate tax bill.

In some situations, trusts may prove to be a better solution than an outright inheritance. If you have a dependent child with special needs, for instance, you may want to set up a Special Needs Trust to provide sufficient assets for your child's care while still maintaining his or her eligibility for Supplemental Security Income benefits. If you have special ties to a charitable organization, you may want to consider establishing a Charitable Remainder Trust. These trusts allow you to provide a benefit to your favorite charity while you take care of your family's needs. But you'll want to work closely with your attorney and your financial professional to determine if the benefits outweigh the costs of establishing and maintaining these trusts.

To be sure, managing your financial affairs in your later years will not be entirely carefree. You'll still need to evaluate and update your insurance policies and your investment accounts periodically. But the beauty of planning from a more mature perspective is that you finally have the time and energy to make thoughtful, informed decisions. And you can look forward with a renewed sense of independence to many years ahead.

PIAM Financial Services is a subsidiary of the Massachusetts Medical Society. This article is for general information only and is not intended to provide specific advice or recommendations for any individual. As a member benefit of the Massachusetts Medical Society, you may receive more detailed information, and may consult PIAM Financial Services at (800) 863-8632.

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Hampden District Medical Society Dates To Remember 1998-1999

District Meetings

Tuesday, September 15, 1998	Log Cabin, Holyoke, MA
Tuesday, January 26, 1999	Sheraton-Monarch Place, Springfield, MA
Tuesday, April 27, 1999	The Delaney House, Holyoke, MA

Executive Committee Meetings

(Meets 3rd Tuesday of the month unless otherwise noted at 6 p.m. at the HDMS office in West Springfield)

September 8 (note change)	February **no meeting**
October 20	March 16
November 17	April 20
December **no meeting**	May 18
January 19, 1999	June 15

Board of Trustees/District Presidents Meetings–MMS Society Headquarters, Waltham 9:30 a.m.

June 10, 1998	January 13, 1999
September 9, 1998	March 3, 1999
October 14, 1998	April 14, 1999

State House of Delegates Meetings

November 6-7, 1998	Hyatt Regency Hotel, Boston, MA	Friday & Saturday
May 6-7, 1999	Hynes Convention Center, Boston, MA	Thursday & Friday
May 8, 1999	Hynes Convention Center, Boston, MA	Annual Meeting

National Leadership Conference

March 21-23, 1999	Hyatt Regency, Phoenix, Arizona

Resolution Planning Meeting for Hampden District Delegates

Thursday	September 17, 1998	5:30 p.m., HDMS Office, 1111 Elm St., W. Springfield,MA
Thursday	March 11, 1999	5:30 p.m., HDMS Office, 1111 Elm St., W. Springfield, MA

Pre-House of Delegates Meetings

Thursday	October 22, 1998	5:30 p.m., HDMS Office, 1111 Elm St., W. Springfield, MA
Thursday	April 22, 1999	5:30 p.m., HDMS Office, 1111 Elm St., W. Springfield, MA

Special Date

October 7, 1998	Medical Ethics Seminar	6:30 p.m., Deliso Center, Mercy Hospital

American Medical Association Annual Convention

June 14 - 18, 1998	Hyatt Regency, Chicago
June 20 - 24, 1999	Chicago Hilton
June 11 - 15, 2000	Chicago Hilton
June 10 - 14, 2001	Chicago Hilton

American Medical Association Interim Session

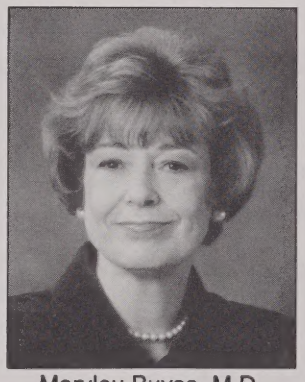
December 6-9, 1998	Hilton Hawaiian Village, Hawaii
December 5-8, 1999	San Diego Marriott, California
December 3-6, 2000	Marriott World Center, Orlando, Florida
December 2-5, 2001	San Francisco, California

Why I Chose Medicine

by Marylou Buyse, M.D.
President, Massachusetts Medical Society

It's a question I hear all the time: Why did you become a doctor?

In response, I usually expound on the unique rewards of the doctor-patient relationship, on the intellectual stimulation of the medical science, and of my conviction that medicine is an important way to make a difference in people's lives. But that's only part of the story. The real reason I became a doctor largely was because of Reader's Digest and Dr. Benjamin Spock.


Marylou Buyse, M.D.

I loved Dr. Spock. By the age of 13, *Baby and Child Care* was my medical bible, so much that I was convinced he was writing for me, not simply for the millions of new post-war mothers. I was the oldest of five children, so I thought it natural to assume the duty of helping my parents with my siblings' illnesses. I didn't know it at the time, but I was trying my hand at my first differential diagnosis. Fevers, rashes, coughs, aches - Doctor Spock had advice for them all, and I shared those diagnoses with my mother. Remarkably, she encouraged me and always appreciated my advice, or at least my efforts. In addition, I devoured everything on science and health that I could get my hands on. *Reader's Digest* was a font of information on the sciences; each article only whetted my appetite for more.

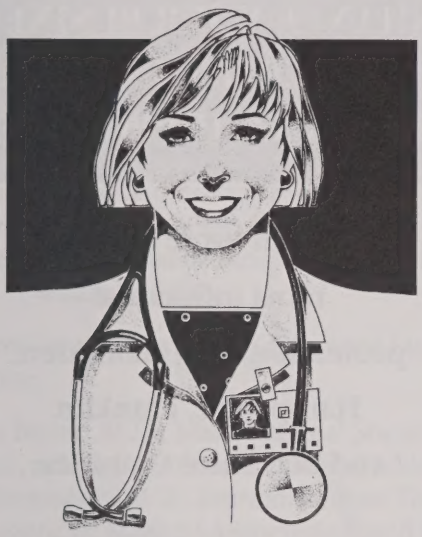
While my parents - especially my mother - always encouraged my ambitions, I was also inspired by the example set by our family's pediatrician and his wife, who was an obstetrician-gynecologist. They practiced together, and we all loved and admired them. Their practice was so successful that they had a long waiting list to get an appointment. It was considered a coup for the women in the neighborhood to be one of her patients.

At the time, I had no idea how unusual their arrangement was, because for me it was just the way things were. They were happily married and had four children, so from my earliest days, I knew women could be physicians, and that marriage and a successful career did mix.

With such inspiration in my life, it almost seems preordained that I would be a physician - that I was the embodiment of that cliché of medicine choosing me rather than the reverse. Perhaps it's true: From age 13, all I ever wanted to be was a doctor. Intellectual stimulation through its scientific basis, when combined with the opportunity to work with patients, made it seem the very best thing to do in life. Medicine seemed to have it all - and I still believe that.

The road to becoming a physician was hardly smooth. People constantly told me that girls don't become doctors. When I was in college, a number of teachers and advisors were concerned that I was not taking education courses because (of course) as a science major I was surely only interested in teaching. Guidance counselors asked what I would do if I didn't get into medical school, and I simply told them I would figure that out if that ever were the case. Far from being discouraged or deterred, I was too focused on my career goals to consider these comments seriously. Fortunately, I didn't need a fallback plan, and was accepted into medical school at age 19, after three years of college.

And I never look back. ■



A Tribute To Our Women Physicians

With September being designated as "Women in Medicine" month, the Hampden District Medical Society would like to pay tribute to all the dedicated women physicians who are members of our organization.

The Hampden District Medical Society

Alice A. Angelo
Elizabeth T. Arsenio
Christine D. Baker
Lucy A. Bayer-Zwirello
Kathleen A. Beith
Margaret M. Beliveau-Ficalora
Michele D. Bilodeau
Theonia K. Boyd
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Ruby R. Chang
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Lori E. Circeo
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Debra A. Disandro
Heidi Dominguez-Kolek
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Dawn R. Gertson
Nayyer Ghias
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Brigid K. Glackin
Colette A. Hagg-Rickert
Lesley W. Harrington
Charlotte A. Harward
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Catherine M. Hegarty
Jane I. Huang
Barbara G. Jericho
Suzanne T. Jorey
Wandana Joshi-Ryzewicz
Noormahal Kabani
Carolyn J. Kendall
Michelle S.C. Khoo
Mary E. King
Nancy M. Kloczko
Kirti R. Kodali
Laura M.P. Koenigs
Claudia L. Koppelman
Karen E. Kupfer
Victoria L. Levander
Marilyn L. Levine
Roxanne R. Lorenzana
Mary Ann D. Lowen
Alison E. MacDonald
Gerda S Maissel
Grace Makari-Judson
Rajwant K. Malhotra
Zubeena M. Mateen
Lauri B. Meade
Yelena Mikich
Teresa K. Mitchell
Heidi F. Moskovitz
Maria E. Moutinho
Sara H. Mullan
Isha A. Mustafa
Rehema J. Mwanga
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Catherine E. O'Connor
Deborah Panitch
Yvonne M. Paris
Victoria P. Peters
Patricia P. Petrosky
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Monica Popov
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Jeanne Rabin
Shelley B. Rahn
Rebecca J. Rosenstein
Alicia O.M. Ross
Heather Z. Sankey
Elizabeth S. Savich
Natalie Savich
Geri A. Schmitt
Josephine Scottodicarlo
Anne B. Shain
Carolyn M. Shannon
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Bernita M. Spagnoli
Elizabeth M. Sutton
Susan M. Szimonisz
Jean Talati
Judith E. Tapper
Alla Tchesnovetsky
Carolyn S. Tolley
Mary Gina Trevisani
Milagros Valentin
Vickie J. Verlinden
Evelyn A. Villa
Aleli L. Villanueva
Charlene M. Vosseller
Ethel Weinberg
Nancy L. Weiss
Nadine Wenner
Halina P. Wiczyk
Alison E. Wondriska
Cecelia T. Yu

In Memoriam

James J. Visconti, M.D.

Dr. James J. Visconti, 91, of Longmeadow, a longtime area physician and children's care leader, died on May 24, 1998 at home.

He established an office 47 years ago, and practiced general medicine in West Springfield.

He was a staffer at Mercy Hospital in Springfield and retired in 1986. Born in New york City, he lived here for 37 years. He was a communicant of St. Mary's Church, and a Knight of the Holy Sepulcher.

He was a lifelong member of the Hampden District Medical Society, the Massachusetts Medical Society and belonged to the American Academy of Gastroenterology. He was active in the Sierra Club and the West Springfield Rotary Club.

He founded the Well Child Clinics in West Springfield, and volunteered at the Springfield Girls Club Summer Camps, the Sisters at St. Joseph at St. Thomas Parish and Brightside for Families and Children.

He leaves two daughters, Claire V. Brennan and Janet V. Caputo, five grandchildren and four great-grandchildren. ■

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Gala Reception

Date: Friday, September 25, 1998
Time: 6:00 p.m. - 8:00 p.m.
Place: Massachusetts Medical Society's Waltham Office

Sponsored by the Women in Organized Medicine Committee.

Marylou Buyse, M.D., Mass. Medical Society President, will deliver the welcoming address. Regina Benjamin, M.D., Immediate Past Trustee of the American Medical Association, will be main speaker.

"Taking Care Of Business While Taking Care Of Self"

Date: Saturday, October 3, 1998
Time: 10:30 a.m. - 5:30 p.m.
Place: Massachusetts Medical Society's Waltham Office

The Women In Organized Medicine Committee will present an all day session including luncheon and afternoon reception. Opening remarks by Doctors Marylou Buyse and Mary Kraft. Lectures currently confirmed include, "Bringing Passion Into Your Work", with Susan Briggs, M.D., and "Employment Law & Discrimination Issues" with local attorney, Tani Sapirstein, J.D.

Breakout Sessions include the following choices:

1. Pregnancy/Adoption - "Where Do Children Fit In?"
2. Financial Issues - "Part Time Practice, Slowing Down, Retirement"
3. Negotiation Skills - With MMS President Marylou Buyse
4. Mentoring/Networking - "Support Opportunities for Women"

For more details call the MMS Regional Office at **534-1100**.

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New Members Welcome

Jane I. Huang, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: September 4, 1969
Medical: Albany Medical College, Schenectady, NY 1992
Internship: Baystate Medical Center, 1996-1997
Residency: Baystate Medical Center, 1997-present
Specialty: Internal Medicine
Resident

James G. Laurenzano, M.D.
Medical West
444 Montgomery Street
Chicopee, MA 01020

Medical: Medical College of Virginia, Richmond, VA 1982
Internship: Riverside Hospital, Newport News, VA 1982-1983
Specialty: Emergency Medicine

Neil J. Nigro, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: August 23, 1969
Medical: Boston University School of Medicine, Boston, MA 1994-1998
Internship: Baystate Medical Center 1998-present
Specialty: Internal Medicine
Resident

Gary J. Kanter, M.D.
Springfield Anesthesia Services
P.O. Box 1330
Springfield, MA 01101

Born: May 15, 1966
Medical: Robt. Wood Johnson Medical School, Camden, NJ 1993
Internship: Hospital of St. Raphael, New Haven, CT 1993-1994
Residency: Yale New Haven Hospital, New Haven, CT 1994-1997
Specialty: Anesthesiology

Jo-Ann E. Lynch, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: May 28, 1969
Medical: Ohio State University College of Medicine, Columbus, OH 1993-1997
Internship: Baystate Medical Center 1997-present
Specialty: Internal Medicine
Resident

Luana Pillon, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Medical: University of Padua School of Medicine, Padua, Italy 1988-1993
Internship: University of Padua School of Medicine, Padua, Italy 1992-1993
Residency: Baystate Medical Center 1996-present
Specialty: Internal Medicine
Resident

Roberto B. Salva-Otero, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: November 27, 1971
Medical: University of Puerto Rico, San Juan, Puerto Rico 1994-1998
Internship: Baystate Medical Center 1998-present
Specialty: Internal Medicine
Resident

Umesh C. Sarma, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Medical: Edinburgh University Medical School
Internship: Berkshire Medical Center 1997-1998
Residency: Baystate Medical Center 1998-present
Specialty: Internal Medicine/Diagnostic Radiology
Resident

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Short Notes

Influenza and Pneumonia: What They Are And How To Prevent Them

Influenza (flu) is a very contagious viral infection of the respiratory system. Symptoms vary from mild to severe and include fever, muscle aches, headache, stuffy head, runny nose, cough, sore throat, and general weakness. Although most people recover from the disease within a week, some can develop POTENTIALLY LIFE-THREATENING complications such as pneumonia. People age 65 and older, people with weakened immune systems, and people with chronic medical problems such as heart disease, asthma, diabetes, or lung or kidney disease are at highest risk of becoming ill.

The best means of preventing flu is by YEARLY IMMUNIZATION. Pneumonia vaccine is a one time immunization which may need a booster after several years. Because the vaccines are made with dead viruses, they do not cause the flu or pneumonia. Generally, the current flu and pneumonia vaccines are safe and associated with only mild side effects. National goals are to immunize at least 60% of individuals ages sixty-five and older. The vaccines take four to six weeks to activate. Since the flu season peaks between the months of December and March, it is best to get vaccinated between October and mid November; so don't wait - VACCINATE! ■

Prepared by *Laura Rossi, R.N.*
West Springfield Health Department
Kathleen Sullivan, R.N.
Chicopee Health Department

Leadership Development Program

The American Medical Association is looking for up-and-coming physician leaders to participate in the 1998 American Medical Association/Glaxo Wellcome New Leadership Development Award Program developed in conjunction with the Harvard School of Public Health Program for Health Care Negotiation and Conflict Resolution.

The program, to be held in Chicago on October 25th and 26th will focus on developing leadership, negotiation, and problem solving skills that participants can take back to their local communities to help empower physicians and organized medicine in an increasingly complex and challenging environment. The program will focus on many of the Challenges facing physicians in dealing with institutions in the private sector. To request an application by E-mail, please address request to helenjameson@ama-assn.org. To request an application by telephone, please call 1-800-262-3211, ext. 5490. ■

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Joann Lutz, L.I.C.S.W. *1998 Alumna, Harvard Medical School, Clinical Training In Mind/Body Medicine; Adjunct Faculty, UCONN School of Social Work and Elms College; Certified Advanced Yoga Instructor.*

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SPHS Names Head of Behavioral Healthcare Network

HOLYOKE - Vincent J. McCorkle, President and CEO of the Sisters of Providence Health System (SPHS), has announced the appointment of Jonathan L. Chasen, M.D., as CEO of the SPHS' behavioral healthcare network.

Jonathan L. Chasen, M.D.

Dr. Chasen joins the SPHS from the Johnson Memorial Hospital, Stafford Springs, Conn., where he served as Chief of Psychiatry since 1988. In addition, he was Medical Director for Behavioral Health Connecticut, Hartford, Conn., Medical Director for Partial Hospital Programs for Counseling and Support Connections, Enfield, Conn., and assistant clinical professor in the Department of Family Medicine at the University of Connecticut; he also maintained a private practice. Dr. Chasen is board certified in psychiatry by the American Board of Psychiatry and Neurology, and is certified in administrative psychiatry.

He brings more than 20 years of behavioral health experience to the SPHS, including positions as a staff psychiatrist at Taylor Manor Hospital, Ellicott, Md., Clinical Director of the Springfield Hospital Center, Sykesville, Md., and Director of Community Mental Health for the Howard County (Md.) Health Department. He was clinical assistant professor in psychiatry at the University of Maryland, and a teaching associate at the Institute of Living, Hartford, Conn.

A Phi Beta Kappa graduate of the State University of New York at Buffalo, Dr. Chasen received his medical degree from the New York University School of Medicine and completed his internship and residency at University of Maryland School of Medicine, where he served as Chief Resident. ■

"Gone are the days when caring for our patients was done only in an office or hospital. Today, caring means working on a national level to preserve patients' rights. It means supporting the American Medical Association, as well as your local and state associations. Only by working together can we achieve a new day in health care for all patients."

Join the AMA and your state and county medical associations today. For information about the new Women Physicians Congress, call 800 AMA-3211, ext. 4392.

HAMPDEN DISTRICT MEDICAL SOCIETY

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AMERICAN MEDICAL ASSOCIATION

To the Editor:

"Here is an article - or a Letter To The Editor - for The Hippocrat."

I'm sick. I call Dr. So and So for an appointment for him to see me. It's now July 15. "The doctor will see you December 6th."

What the HELL do you mean December 6th, "I'm sick now."

"Take two aspirin and I'll see you in the morning."

I don't have my problem at the doctor's convenience, I have the sickness because of nature! I could die by December 6th for God's sake!

And to think the present day doctor is overworked, yet medical schools are being closed because of a glut of doctors. Somehow these two premises don't jibe.

"Doctors don't make housecalls anymore." Fine, I can understand that. So all the diagnostic tools are in the doctor's office or at the hospital where diagnosis and treatment can better be served. I can live with that.

I was an anesthesiologist. Can you picture a neurosurgeon calling me at 2 a.m.? "Doctor, I have a patient with a subdural bleed." "Fine, bring him in in the morning." Or, "Doctor, I need anesthesia for my patient's delivery." "Fine, I'll be in at 8 a.m."

You can joke about the "good old days", but, while the doctor didn't have the technological equipment or expertise, he did show the compassion to see the patient when the patient was sick, even if he couldn't help him.

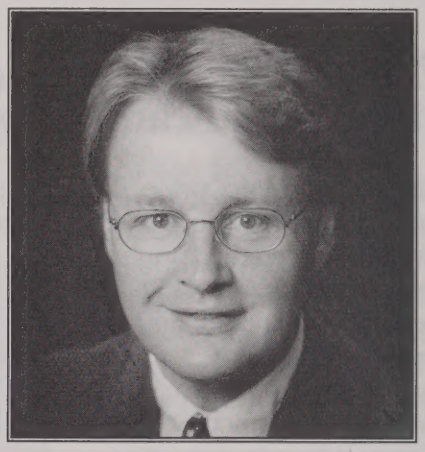
I used to work a seventy-hour week, plus or minus. For obstetrics, when it was my turn, I provided 24 hour in-hospital service. The patients did not deliver at my convenience. I was a doctor, their doctor. I was THERE for the patient. I founded the pain management clinic at Baystate Medical Center some thirty years ago. If a patient called in with a pain, I didn't schedule him a month or two hence because I was busy. I said, "Bring him in, I'll see him somehow." (even if I had to work past my usual clinic closing.)

It seems to me, no matter what the specialty, if a doctor has to schedule patients a month, two months, three months, four months, hence something is wrong. I see this with the younger doctors, rarely with the more experienced ones. I suppose the modern day physician wouldn't consider, as would the "old timer", working Saturdays, Sundays, and Wednesday afternoons to catch up FOR THE PATIENT'S SAKE. Or, would he say, "My wife says I work too much."

The patient who has to wait has two alternatives, as I and my lay friends see it, the patient will either get better or die. Too bad!

For goodness sake, what do you suggest, doctors? ■

Sincerely Yours,
Ray T. Smith, Jr., M.D.



Attorney
John G. Bagley

Newly Inducted President
Hampden County Bar Association, 1998-1999

Congratulations, John, from your partners, associates, co-workers and friends at Egan, Flanagan and Cohen, P.C., Attorneys at Law.

William C. Flanagan	Charles S. Cohen
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Maurice M. Cahillane	Robert L. Quinn
Eileen Z. Sorrentino	Joseph A. Pacella
Kevin D. Withers	J. David Keaney

David G. Cohen

Hampden District Medical Society wishes to add their congratulations and good wishes to attorney John G. Bagley, new President of the Hampden County Bar Association.

John Bagley is Co-Chair with our own Dr. Mark Mullan of the Hampden District Medical Society's Medico-Legal Committee. Together they have brought us six years of successful programs that are of interest to both attorneys and physicians. This year, we had Dr. Henry C. Lee, Professor of Forensic Science, bring us his wit and wisdom in April, and the committee now will begin to work on next year's program. Admittedly, Dr. Lee is a tough act to follow, but look for a Spring announcement.

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The AMA is calling on the medical community to adhere to the end-of-life care principles listed here.

For more information, call the AMA at (312) 464-5619.

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Patients' Bill of Rights

Patients in the last phase of life have the right to:

1. The opportunity to discuss and plan for end-of-life care;

2. Trustworthy assurance that physical and mental suffering will be relieved;

3. Trustworthy assurance that wishes .... for withholding or withdrawing life-sustaining intervention will be honored;

4. Trustworthy assurance that patients will not be abandoned by their physician;

5. Trustworthy assurance that, above all, dignity will be a priority;

6. Trustworthy assurance that burden to family and others will be minimized;

7. Careful attention to personal wishes and spiritual needs;

8. Trustworthy assurance that care providers will assist the bereaved through the early stages of mourning and adjustment.